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| BEN | | FY 2005 | MMI1100-2 | Docket Number (Optional) MMI1100-2 | | | |
|--|---|--|--|------------------------------------|-----------------------------|-----------|--|
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/750, 185 | | | | | Filed December 31, 2003 | | |
| For | COMP | OSITIONS FOR INFERRING BOVI | NE TRAITS | | | | |
| Art Unit 1637 | | | | Examiner M. | Examiner M.E. BAUGHMAN | | |
| | s is a red lication. | quest under the provisions of 37 CFR 1. | 136(a) to extend the p | eriod for filing a rep | oly in the above identified | d | |
| The | reques | ted extension and fee are as follows (ch | eck time period desire | d and enter the ap | propriate fee below): | | |
| | | Fee Small Entity Fee | | | | | |
| | | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | | |
| | | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | | |
| | | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | | |
| | \boxtimes | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$1,5 | 590.00 | |
| | | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | 1 | |
| | Applicant claims small entity status. See 37 CFR 1.27. | | | | | | |
| \boxtimes | A check in the amount of the fee is enclosed. | | | | | | |
| | Payment by credit card. Form PTO-2038 is attached. | | | | | | |
| | The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | |
| \boxtimes | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-1896</u> . I have enclosed a duplicate copy of this sheet. | | | | | | |
| | WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | |
| l am | the | applicant/inventor. | , | | • | | |
| | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | | | |
| | attorney or agent of record. Registration Number <u>47,224</u> | | | | | | |
| / | | · · · · · · · · · · · · · · · · · · · | attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | | |
| | 1. | an Klessen | | November 1 | | | |
| <u>Ja</u> | inje /k. E | Signature Babin, J.D., Ph.D. | | 11/21/2006 (858) 638-6 | 6380LITE1 00000084 1075 | 50185 | |
| | | Typed or printed name | | 01 FC:1254 | Telephone Number | 1590.00 0 | |
| NOTE Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | |
| | Total | of 2 forms are submitted. | | | | | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.